

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: STATE OF HAWAII

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

☒ Specified Remedy *

(Will use the criteria and
notice requirements specified
in the regulation.)

* The criteria for the application
of specified remedies are applied as
described in Supplement to Attachment
4.35-B through 4.35-G.

TN No. 95-005
Supersedes
TN No. 90-6

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